

be taken after completion of the semester before preparing for and taking the USMLE Step 1 examination. If a student is permitted to take and then fails a special remediation examination, s/he may be required to repeat the course the following year. Students will be permitted to take only one remediation examination. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.

Students who receive a grade of NC in two or more Semester IV courses (including the two IMS-IV courses, Doctoring IV and MED2046 for PC-PM students) will be brought to the attention of the MCASP and will be required to repeat the entire semester, even if they have already passed one of the Semester IV courses. Students will not be allowed to repeat Semester IV for a third time.

**Students must successfully complete all Year 1 and Year 2 courses before progressing to Year 3 clinical clerkships.**

### **Timing of the USLME Step 1 Examination**

The Offices of Medical Education and Student Affairs will provide regular information sessions on USMLE Step 1 preparation during Year 2. Students are provided with a minimum of 6 weeks of independent preparation time after completion of Year 2 courses to prepare for taking the USMLE Step 1 Exam. All students are encouraged to take Step 1 prior to beginning clerkships. **The medical school will not permit students to take the Step 1 exam before they have successfully completed all Year 1 and Year 2 coursework including IMS I-IV and Doctoring I-IV.**

### **Clinical Skills Clerkship (CSC)**

**BIOL5885** Clinical Skills Clerkship (1 credit) P. George, S. Rougas, D. Zink

This first, non-specialty-specific transition clerkship will prepare rising Year 3 students for the transition from Year 1 and Year 2 to the Year 3 curriculum. Performance is based on participation in small groups and an OSCE. Grading options for this three-week course, offered annually each April, are S/NC (Satisfactory/No Credit). All students must take and pass the CSC before they can proceed to their clinical clerkships.

## **Years 3 and 4**

### **Grading Policies for Years 3 and 4: Clinical Clerkships, Sub-Internships, and Electives**

Each of the six required Year 3 clinical clerkships (Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry/Clinical Neuroscience, and Surgery) are graded using H/S/NC options (Honors/Satisfactory/No Credit). In Year 4, sub-internships and elective rotations are graded using H/S/NC options (Honors/Satisfactory/No Credit).

### **Grading for Third-Year Clinical Clerkships:**

- **BIOL5800:** Family Medicine: D. Anthony
- **BIOL3001:** Internal Medicine: M. Fagan, A. Charles, B. Gentileco, S. Saraf
- **BIOL4900:** Obstetrics & Gynecology: B. Hampton, R. Allen
- **BIOL4500:** Pediatrics: R. Rockney, B. Alverson
- **BIOL5315/BIOL5325:** Psychiatry/Clinical Neuroscience: separate grades will be given for the Psychiatry (BIOL5315) and Neurology (BIOL5325) components: P. Gupta, C. Harrington, E. Lowenhaupt, L. Wendell,
- **BIOL3900:** Surgery: E. Ryder, M. Connolly

Specifics regarding the mechanisms for assigning grades will be made available at the start of each clerkship. Common assessment methods used during clerkships include students' clinical performance with direct observation of patient interactions by clinicians, OSCEs, presentations, and National Board of Medical Examiners (NBME) Shelf exams. All clerkships award Honors at a target level of 28% (<30%) of students across the academic year. This level may vary considerably during an individual clerkship, but is consistent across clerkships during an academic year for a class of medical students.

If a student's performance is unsatisfactory in any component of a clerkship, s/he will be required to remediate the deficiency before receiving a final grade. If a student's performance is unsatisfactory in more than one component of a clerkship, s/he may be required to repeat the clerkship. Students who receive a grade of NC or ED in a clerkship will be brought to the attention of the MCASP.

**Longitudinal Integrated Clerkship:** Selected students will be permitted to take a Longitudinal Integrated Clerkship (LIC) during Year 3. The clerkship directors, in consultation with the Director of the LIC, are responsible for assigning grades to students in the LIC. The aforementioned grading policies for the traditional clerkship apply to the LIC, with the exception that all final grades in the LIC are assigned at the end of Year 3.

**The Fourth-Year Objective Structured Clinical Examination:** After completing all of their core clinical clerkships, every medical student must take a summative Objective Structure Clinical Examination (OSCE) at the start of Year 4. At AMS, the Year 4 OSCE assesses student competency in clinical skills using trained standardized patients. After completing this high-stakes S/NC exam that is modeled after and prepares students for the USMLE Step 2 Clinical Skills (CS) exam, students receive detailed written feedback on their performance. If a student does not pass this exam, s/he will receive additional instruction and practice time with standardized patients, typically under the supervision of the Director of the Clinical Skills Suite. Students are allowed to remediate this exam one time. If students do not pass on this

remediation attempt, they will be required to schedule further practice sessions and complete another remediation. However, their MSPE (Medical Student Performance Evaluation) will indicate they passed the required Fourth-Year OSCE on their third attempt.

### **Grading for Fourth-Year Electives**

**Sub-internships:** During Year 4, students must complete at least one sub-internship. The grade is determined by direct observation of the student's clinical performance by the supervising residents and attending physicians. Grading options for this required course are H/S/NC (Honors/Satisfactory/No Credit).

**Electives** The grade is determined by the direct observation of the student by the supervising attending physician and/or resident. Grading options for most electives are H/S/NC (Honors/Satisfactory/No Credit). Students who require remediation in a single elective may be allowed to progress to a subsequent elective rotation. Students who receive a grade of NC or ED in one or more electives will be brought to the attention of the MCASP and will be required to remediate the deficiency before receiving a final grade.

## Section IV: Attendance Policy

### Excused Absences and Approved Exam Extensions

**Do not make travel or conference plans until you have determined whether or not an absence will be excused.** An excused absence or exam extension may be granted for the following reasons:

- **Illness:** An excused absence may be granted if you are ill. For your own sake and the sake of others, you should not attend classes, see patients, or take exams if you are sick. An excused absence due to illness requires a note from Health Services or your physician.
- **Presentation at a meeting/conference:** An excused absence may be granted for students presenting at a conference. Conference attendance, without presentation responsibilities, does not meet the requirements for an excused absence.
- **Leadership activity:** An excused absence may be granted if you are representing Brown in a leadership capacity at a conference or meeting (for example, as the president of our SNMA chapter, or as an elected representative from Brown on an AMSA committee). Conference attendance, without leadership responsibilities, does not meet the requirements for an excused absence.
- **Major life event:** An excused absence may be granted in light of a major life event such as a death in your immediate family, the wedding of an immediate family member, or other major event. The granting of an excused absence in these instances will be considered on a case by case basis.
- **Religious holidays:** An excused absence may be granted on a case by case basis, but students may be required to make up the time excused.

### How to Obtain an Excused Absence

In Years 1 & 2, all excused absences for IMS course activities must be approved by Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2). All excused absences for Doctoring course activities must be approved by Julia Noguchi, Assistant Director of the Doctoring Program.

In order to obtain an excused absence, please submit a "request for an excused absence" on the Canvas website. Both to maximize your own learning and to help with planning, please request approval as far in advance as possible, two weeks at a minimum. If granted an excused absence, students must then notify their small group leader(s) and will be required to complete required make-up work. This work will be assigned by Dr. Dumenco (Year 1), Dr. George (Year 2), or Ms. Noguchi (Doctoring). In the case of illness, an absence will be approved retroactively with appropriate documentation. Please make sure to provide the required note from Health Services

or your healthcare provider to Lisa Blangeard in the Office of Medical Education, or to Julia Noguchi for Doctoring, within two days of your return.

In order to reschedule a Doctoring mentor session, please start by working directly with your mentor. Note that there is a scheduled make-up mentor session at the end of each semester. If you are not able to reschedule a mentor session either with your regular mentor or one of the mentor's clinical colleagues, then please contact the Assistant Director of the Doctoring Program (Julia Noguchi) to arrange for a substitute mentor. Any physicians acting as substitute mentors who are not currently involved in the Doctoring Program must be pre-approved by the Assistant Director.

For required **clerkships**, please email requests/notification regarding absences to the clerkship director and copy the clerkship coordinator.

Absences from clinical **electives** (as opposed to required clerkships) need to be arranged directly with the course leader and adhere to the excused absence policy. If a student misses extensive time, s/he may not receive credit for the elective.

A pattern of repeated absences may be brought to the attention of the Associate Dean for Medical Education.

### **How to Obtain an Approved Exam Extension**

In Years 1 & 2, all extension requests for IMS exams must be approved by Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2). Extension requests for Doctoring OSCEs must be approved by Julia Noguchi. Due to the logistical complexity of holding a make-up OSCE, unless it is an emergency or illness, students should make every effort to plan around them, when possible.

Clinical Clerkship exam extensions during Year 3 must be approved by Alexandra Morang who will work in collaboration with the student and the clerkship team on rescheduling any exams.

In order to obtain an exam extension, the student should contact the appropriate person via email and request approval as far in advance as possible, two weeks at a minimum.

### **Requirements**

#### **Integrated Medical Sciences (IMS) I-IV**

- **Lectures:** Attendance at medical school lectures is strongly encouraged, but not required.
- **Health Systems Science, Small Group sessions, Team-and Case-Based Learning, and Laboratory Sessions are required activities.** Timely attendance and active

participation are mandatory. All absences must be excused and more than one excused absence per course is strongly discouraged. Students need to request an excused absence on the Canvas website and receive permission from the Director of the Year 1 or 2 Curriculum to miss a small group, team and case-based learning, or laboratory session. If granted an excused absence, students must then notify their small group leader(s) and perform the make-up work for that session. If a student misses two or more small group, team and case-based learning, or laboratory sessions (even if excused) within a course, s/he may receive a grade of NC in the course and may be required to remediate the deficiency by special accommodation or by retaking the course. A pattern of unexcused absences across courses may result in a professionalism citation (see Section V of the AMS Student Handbook for more information about citations) and will be brought to the attention of the Associate Dean for Medical Education.

- **“Golden Ticket” for IMS I-IV:** Once during each year of medical school, students are permitted to request a single exemption to the AMS policy on excused absences. Known as the “Golden Ticket” policy, students may have a single unexcused absence in each of Year 1 and 2 *without incurring the usual penalty* for an unexcused absence (A “Golden Ticket” excused absence does not contribute towards a potential NC in a course or towards a professionalism citation - see above paragraph). “Golden Tickets” are applicable to IMS courses only (not Doctoring courses), and the policy does not apply to exams or exam extension requests. For example, you cannot use your Golden Ticket in order to miss a scheduled exam, or as a means to request an exam extension. Students who wish to utilize their Golden Ticket exemption must follow the procedures outlined above in How to Obtain an Excused Absence.

### Doctoring I-IV

For all components of the Doctoring courses, timely attendance and active participation are mandatory.

- **Lectures, Small Group Sessions, and Objective Structured Clinical Examinations (OSCEs):** All absences must be excused (initiate this process by completing a "request for excused absence form" on the Canvas website) and more than one absence per course is strongly discouraged. If granted an excused absence by the Assistant Director of the Doctoring Program, Julia Noguchi, students must also notify their small group leader(s).

All missed work (excused or unexcused) must be completed (see below). A pattern of unexcused absences may result in a professionalism citation and will be brought to the attention of the Associate Dean for Medical Education.

- **Mentor Sessions:** Attendance, participation, and documentation are mandatory. Any missed session must be made up before the end of the semester. Students cannot

complete more than two mentor sessions on any given day (maximum of an eight-hour shift), and only one such "double-shift" is permitted. Please note that there is a make-up mentor session scheduled at the end of each semester to provide more flexibility for those students with an absence during the semester, for whatever reason. Documentation is both a method of tracking attendance and clinical experiences and an important professional skill for health care providers. Students with incomplete documentation of their mentor sessions will not receive a passing grade for the course.

### **Clerkship Rotations**

Each Year 3 Clinical Clerkship has clearly defined standards for lecture attendance and daily participation in clinical activities. These standards are specific to the clerkship. Of note, Clerkship Directors have agreed that all students will be expected to work at their usual clinical assignments on the final Thursday of each rotation, which is the day before the final exam. Although some students might not have scheduled obligations that afternoon, no Year 3 student will be dismissed early from scheduled obligations to study. Unexcused absences can result in a grade of ED or NC. See Section III of the AMS Student Handbook.

### **Elective Rotations**

The AMS policy for absences during clinical electives is that the student must request any excused absences for residency interviews or major life events (such as death in the family, birth in the family, wedding of immediate relative, personal illness, and mandatory jury duty) from the course leader. Although electives vary in duration, no more than 20% of the elective can be excused (for example, the equivalent of 4 days over a typical 4-week elective). If additional time off is requested, the course leader should work with the student to develop a revised educational plan for the elective.

At the discretion of the course leader, any missed days can be made up on a schedule as determined by the course leader or, if that is not possible, the student may receive reduced credit for the elective. If a student does not complete the plan for missed days by the time grades are due, s/he will receive a grade of Incomplete (I). This can be changed after the student completes the makeup work designated by the course leader. If the student does not complete the plan for missed days within one year or by April 1st of the graduating year for fourth year students, s/he will receive no credit (NC) for that elective.

If the elective does not allow time off for residency interviews, this should be stated in the course description. A student should discuss future excusable absences with the course leader as soon as he or she is aware of his or her need for excused time. The student should contact the Office of Medical Education and/ or Student Affairs for guidance in planning his or her schedule to minimize the chance of these issues arising during an elective.

## **Make Up Work**

**IMS:** Students missing a required IMS small group, Team-Based and Case-Based Learning, or laboratory session must complete a written make-up assignment, the content of which will be determined by Dr. Luba Dumenco (Year 1) or Dr. Paul George (Year 2) in conjunction with their small group faculty leader. Make-up assignments must be completed before a student can successfully pass an IMS course.

**Doctoring:** Students missing a required Doctoring session are responsible for any material covered in their absence and must work collaboratively with the Assistant Director of the Doctoring Program (Julia Noguchi), and their two small group faculty leaders or community mentor, to make up the missed work in a timely fashion. Make-up assignments must be completed before a student can successfully pass a Doctoring course.

**Clinical Rotations:** Excused absences may require commensurate make-up activities, the details of which will be explicitly determined by the Clerkship Director, in the case of a 3<sup>rd</sup> year clerkship, or by the course leader in the case of a clinical elective.

## **Weekend and Holiday Schedules for Clerkships and Other Clinical Rotations**

The University and its clinical sites do not adhere to the same holiday schedules. This may complicate weekend and holiday scheduling for clinical rotations. The policy agreed to by the medical school and our hospital partners regarding weekend and holiday scheduling is as follows:

- Depending on the clinical service to which you are assigned, please be aware that you will be working on some weekends and holidays.
- It may not be possible for you to predict your weekend and holiday work schedule far in advance. Students' clinical assignments and/or call schedules are generally not finalized until a rotation is about to begin. If you have any scheduling questions about your upcoming clerkship or clinical rotation, please contact the appropriate Clerkship Coordinator or Course Administrator via e-mail as early as possible. Occasionally (but without guarantee), clinical assignments can be adjusted in advance to accommodate important scheduled events (such as an upcoming wedding). It may not be possible to accommodate requests after clinical assignments have been made.
- For all Monday holidays, you should make plans as though you will have to work. If you are on a rotation at an institution that observes a Monday holiday, and you are not scheduled to work, then you will be off. If the institution does not observe the Monday holiday, then you will be expected to work.
- You will be expected to work on July 4 if you are working on a service that has a call rotation and your team/service is working.

- Year 3 students are expected to work a full day on the Wednesday before Thanksgiving. All AMS third-year students are off for four days at Thanksgiving including the holiday itself and the following Fri/Sat/Sun, regardless of which clinical clerkship they are on. All students are expected to return for a normal workday on the Monday following Thanksgiving.
- Students in Years 3 and 4 have one week of vacation around the Christmas/New Year's holidays. The exact schedule varies from year to year and is posted on the clerkship calendar. Depending on the schedule, students may work on New Year's Eve and/or New Year's Day.

## **Section V: Policies and Protocols on Academic Standing and Promotion**

The Medical Committee on Academic Standing and Professionalism (MCASP) is comprised of ten to twelve AMS faculty members. The MCASP is charged with the responsibility of reviewing the academic performance and professional behavior of all students in the medical school. On the basis of this review, the MCASP determines whether the student is to be promoted, promoted with conditions, not promoted, placed on academic warning or probation, dismissed, graduated, or graduated contingent upon completion of certain remaining requirements.

Students who are experiencing academic difficulty or issues with professionalism are reviewed by the MCASP when that difficulty has been identified. If a student is presented to the MCASP for review and a MCASP member has a conflict of interest with regard to the status of the student (e.g., primary responsibility for grading the course for which the student had academic difficulty or a professionalism issue), the faculty member will recuse him/herself from the discussion and voting. Students are notified of decisions made by the MCASP in writing. Mechanisms for appeal are described below.

The MCASP makes its decisions based upon each student's individual situation. In general, the committee will adhere to the following guidelines for decisions related to academic standing.

### **Academic Standing**

- Students who have received a grade of Satisfactory in all courses/clerkships/rotations in the period under review will be recommended for promotion.
- Students who have received a grade of No Credit (NC) or Existing Deficiency (ED) in one course, clerkship or clinical rotation, but who have received satisfactory grades in the remaining courses, clerkships or clinical rotations will be brought to the attention of the MCASP for informational purposes only.
- Remediation may be accomplished through a special examination, repetition of the course, approved outside courses or by special arrangements with the curriculum directors (for more information, see Section III of the AMS Student Handbook). The student will work with the course, clerkship or clinical elective director to determine the appropriate timing of any remediation. Remediation must be completed within 1 year. Students will only be allowed to take a special remediation examination once. Exceptions will be considered by the Associate Dean for Medical Education in unusual circumstances.
- If a student fails a special remediation examination, s/he will be required to repeat the course, clerkship or clinical rotation the following year, and this second failure will be brought to the attention of the MCASP. At that time, the student may be placed on academic warning. If a

student fails a course, clerkship or clinical rotation having repeated the course, clerkship or clinical rotation for a second time, the student will be brought to the attention of MCASP to be considered for dismissal.

- Students who have received a grade of NC or ED in two courses, clerkships and/or clinical rotations will be brought to the attention of the MCASP to be considered for placement on academic warning.
- Students who have received grades of NC or ED in three courses, clerkships and/or clinical rotations, or have received a grade of ND or ED in one or more courses, clerkships and/or clinical rotations while on academic warning, will be brought to the attention of the MCASP to be considered for placement on academic probation.
- Students who receive grades of NC or ED while on academic probation will be brought to the attention of the MCASP to be considered for dismissal.
- Students in good academic standing who receive three grades of NC or ED may be placed directly on academic probation by the MCASP.
- In Year 1 and Year 2, students who have received grades of NC or ED in all courses during a period comprising one semester will be brought to the attention of the MCASP to be considered for dismissal.
- Students being considered for dismissal will be given an opportunity to appear before the MCASP in order to present information as to why they should not be dismissed and respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by a Brown University faculty member or staff advisor, but may not be accompanied by an attorney. The student will be informed of the Committee's decision in a letter from the Associate Dean for Medical Education. The student will be informed in the letter that he or she has the right to appeal any decision to the Dean of Medicine.
- If a student has appeared before the MCASP based on consideration of dismissal, but has not been dismissed, and the student subsequently fails additional courses, clerkships or rotations, the student may be dismissed without being asked to again appear before the MCASP.
- Students who have received a grade of Satisfactory in all courses in the preclinical curriculum will be recommended for promotion to Year 3. Students may not proceed to Year 3 until they have successfully completed all preclinical requirements.
- Grades of NC or ED that are remediated and converted to Satisfactory will still count towards consideration by the MCASP for subsequent placement on academic warning or probation, or towards consideration for dismissal should the student receive additional NC or ED grades.

## **General**

- Students who are on academic warning or probation will be considered by the MCASP for return to good academic standing following one full semester (Years 1 and 2) or two full quarters (Years 3 and 4) during which the student is fully engaged in and registered for courses, clerkships or rotations, and passes all courses or rotations during that time period. A return to good academic standing is not automatic. Depending on a variety of factors, including the level of academic performance, the MCASP may vote to continue the student on warning or probation for the period of time deemed appropriate by the Committee.
- A student who has not remediated a failure (NC) or existing deficiency (ED) in a required course, clerkship or rotation within two years of the original grade submission will be brought to the attention of the MCASP to be considered for dismissal.
- If, at the time of review, a senior medical student is scheduled to complete all requirements in the medical school by graduation, but has not yet actually done so, the MCASP may recommend that the student be graduated contingent upon the satisfactory completion of the remaining requirements.

## **Professionalism**

In general, the committee will adhere to the following guidelines for decisions related to issues of professionalism:

Issues of professionalism can be documented in two ways: a brief reporting form (the “Professionalism Report Form”) that can be completed by individuals within the community (e.g., staff, faculty, residents, students); or through an OASIS evaluation for the core clerkships in which any of the four questions regarding professional behavior are answered with a “No”.

First reports of unprofessional behavior are submitted to the student’s advisor and will be placed in the student’s confidential file. Anonymous reports will not be accepted. If the person making the report is a medical student, s/he may request that his/her name be kept confidential. Single reports of unprofessional conduct will be dealt with on a case-by-case basis at the advisor’s discretion. Any behavior that rises to the level of a violation of the Academic Code will automatically be dealt with via the University processes.

Two or more reports of unprofessional behavior will be considered a pattern and will be brought to the attention of the Assistant Dean for Student Affairs and to the MCASP. The student in question will be alerted when their behavior is discussed at the MCASP and may be asked to meet with the Assistant Dean prior to that MCASP meeting. The Assistant Dean will communicate any relevant MCASP actions to the student.

The MCASP will determine if the pattern of behavior warrants a “Citation.” A Citation will take the form of a letter to the student (1) expressing concern regarding the pattern of behavior and (2) asking the student to respond to the Committee by writing a brief reflection on the behavior in question, including a concrete plan for remediating the issue. The student’s advisor (Emily Green for students in Years 1 & 2; Alex Morang for students in Years 3 & 4) will act as a resource for the student in writing an appropriate response and outlining a plan.

The Citation will also indicate that if the response is not received within an appropriate time frame (as determined by the MCASP and the advisor), and/or the remediation plan is not enacted within an appropriate time frame (as determined by the MCASP and the advisor), the Citation may be included as part of the student’s Medical Student Performance Evaluation (MSPE). The Citation may also be included in the MSPE in particular instances at the discretion of the Assistant Dean for Student Affairs.

### **Appeal of Decision to Dismiss**

The student may initiate an appeal of an MCASP decision to dismiss by filing a letter, within 72 hours of notification of the Committee's decision, to the Dean of Medicine, requesting reconsideration of the decision. Note: MCASP decisions to place students on academic warning or academic probation may not be appealed. The letter should include a statement of the basis for the request and any documents in support of the student's request. The Dean may either (1) reconsider the matter, (2) direct the matter to the MCASP for reconsideration and issuance of a recommendation to the Dean, or (3) sustain the decision of the MCASP. If the matter is referred back to the MCASP, the MCASP will review the appeal and transmit its recommendations to the Dean. The Dean will, either through his/her own reconsideration or through reconsideration and recommendation by the MCASP, review the appeal in a manner he/she determines is appropriate under the circumstances, and may, at his or her discretion, interview the student. Upon appeal, the Dean may then sustain, modify, or reverse the original MCASP decision. The decision of the Dean is final.

### **Special Considerations Relating to the MD/PhD Dual Degree Program**

The MD/PhD Program is a combined course of study in which the student completes the first and second years of medical school prior to entry into a graduate program. Following his/her graduate work, the student reenters the medical program to complete Years 3 and 4 of medical school. There are several policies that pertain to this course of study.

- Students must be in good academic standing at the time of completion of MD Year 2. If not, they will not be permitted to continue on to the graduate school portion of the program. A student may appeal the implementation of this policy. Such an appeal will be considered by the MCASP.

- Students must complete all of their graduate school work prior to their return to the medical program. They must have a plan in place to complete this work and a thesis defense date approved by their PhD advisory committee prior to scheduling clerkships.
- Whereas MD students are expected to complete their medical course of study in 6 years, MD/PhD students are expected to complete the combined course of study in 9 years. Any extension beyond the 9 years requires that a waiver of this limit be granted by the MCASP.

## Section VI: Medical Student Standards of Behavior

Medical students acquire skills and knowledge not only for their own benefit but also for the benefit of another party – their patients. The duty to act in the best interest of the patient is the fundamental ethical principle of our medical profession. This duty dictates certain standards of professional behavior for medical students (and doctors) which include but are not limited to the following:

**Honesty.** Cheating on examinations, falsifying applications or data on medical records, and other forms of intellectual dishonesty are wrong not only because such behavior violates intrinsic academic integrity, but also because such behavior may be deleterious to patients.

**Professionalism.** As future physicians responsible for the well-being of patients, medical students are held to very high standards of professional behavior. The professional behavior expected of medical students includes, but is not limited to, fulfilling all academic and extra-curricular commitments, responding to communications from AMS faculty and staff in a timely manner, notifying the appropriate personnel about anticipated absences within a reasonable time frame, adhering to clinical schedules in a punctual and responsible manner, and using appropriate and constructive language in written communications and evaluations of courses, clerkships, and faculty presenters. For more information, please see Section V of the AMS Student Handbook.

**Health.** Specific illnesses that impair performance include, but are not limited to, active drug and/or alcohol addiction, severe depression and other psychiatric illnesses and, occasionally, physical illnesses. It is not permissible for students to interact with patients while impaired by these conditions. It is the policy of the medical school to encourage recognition of illness which leads to impairment in medical students and to support treatment so that those students may continue their education successfully and without stigma.

**Boundary violations with patients.** It is never appropriate to have a sexual relationship with a current patient. Knowledge acquired during the doctor-patient relationship should never be used for any purpose other than therapeutic. A romantic relationship based on this information is always inappropriate. Relationships with other students, staff and faculty are not addressed in this policy, but are addressed by University policies.

**Criminal activities.** These include, but are not limited to, selling or dealing drugs, driving while under the influence of alcohol or drugs, child abuse, violence against others, possession of child pornography and sexual activities resulting in legal designation as a registered sex offender. Such behavior is incompatible with medical professionalism.

**Social networking.** The medical school strongly advises students to exercise caution when using social networking tools such as Facebook, Twitter, Tumblr, YouTube, and blogs. These tools, while useful for interaction around social causes or political movements, can also create professional and ethical dilemmas regarding relationships with patients, patient confidentiality and patient trust in care providers. Additionally, they contribute to a blurring of the line between professional contexts, in which you represent Brown and the medical profession generally, and other more personal interactions. AMS students must be cognizant of the “social contract” between physicians and the public that holds medical professionals to high standards of behavior.

Specifically, students are prohibited from sharing personal expressions, in the form of text, photos, images or video, that:

- Violate patient confidentiality
- Violate the doctor-patient relationship
- Depict illegal activities

Students are strongly discouraged from sharing personal expressions in the form of text, photos, images or videos that could impair a student’s ability to form a therapeutic relationship with patients or to have a professional relationship with medical colleagues and supervisors. In short, the administration of AMS expects students, like physicians, to maintain a high level of professionalism in their non-medical public life.

### **Reporting Violations**

There is an ethical imperative to report medical students and physicians who are in violation of these standards. Reports about students may be made to the Associate Dean for Medical Education. Reports about suspected health issues may be made to the Student Health Council rather than the administration. Anonymous reports will not be accepted but the anonymity of the reporter will be guaranteed. There will be no adverse consequences to the reporter for reports submitted in good faith, whether or not the suspicions are validated. Reports about faculty or other physicians, as appropriate, should be directed to preceptors, clerkship supervisors, hospital administrators, the Associate Dean for Medical Education or the Physician Health Committee of the Rhode Island Medical Society.

In cases where medical students violate the above standards of behavior, the Associate Dean for Medical Education may request that the Medical Committee on Academic Standing and Professionalism (MCASP) review pertinent information and meet with the student in order to determine an appropriate course of action. The MCASP has the authority to place a student on leave of absence when the student’s behavior raises questions as to whether or not the student should be in contact with patients. If the MCASP renders such a decision, the student may appeal

the decision to the Dean of Medicine and Biological Sciences using the procedure described in Section V of the AMS Student Handbook.

### **The Academic Code**

Alpert Medical Students are expected to adhere to Brown University's Academic Code, which may be found [here](#). Under usual circumstances, these policies will be applied to medical students. In some cases (e.g., parental notification), policies intended for undergraduate students may not be appropriate for medical students.

If it is determined by the Standing Committee that a medical student is in violation of the academic code, additional sanctions may be assessed by the MCASP. The hearing materials before the Standing Committee will be forwarded to the MCASP for consideration. The Chair of the Standing Committee shall participate as a non-voting member of the MCASP. The MCASP shall afford the student the opportunity to appear before the MCASP in order to speak and respond to questioning. The MCASP may also invite other individuals to appear for the purpose of providing information to the Committee. The student may be accompanied by a Brown University faculty or staff advisor, but may not be accompanied by an attorney. The student will be informed of any sanctions enacted by the MCASP in a letter from the MCASP. The student will be informed in the letter that he or she has the right to appeal any decisions to the Dean of Medicine and Biological Sciences.

Further guidelines can be found in the [Academic Code Handbook](#). The Medical School will work with the University to determine due process.

## **Appendix A: Technical Standards for Medical School Admission, Continuation, and Graduation**

Applicants to The Warren Alpert Medical School of Brown University are selected on the basis of their academic, personal, and extracurricular attributes. In addition, all students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the faculty.

The required abilities and characteristics for completion of the M.D. degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. In addition, students must demonstrate the ability to work as a member of a health care team. Medical education focuses largely on the care of patients, and differs markedly from postsecondary education in fields outside of the health sciences.

Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the M.D. degree should be able to perform in a reasonably independent manner. For example, the use of a third party means that a candidate's judgment must be mediated by another person's (the third party) powers of selection and observation. Therefore the use of a third party to assist a candidate or student in meeting the technical standards for admission, promotion or graduation is not permitted.

An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden.

The following abilities and characteristics are defined as technical standards, which, in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation.

### **Technical Standards for Medical School Admission<sup>1</sup>**

A candidate for the MD degree must have abilities and skills in five varieties, including observation; communication; motor; conceptual, integrative, and quantitative; and behavioral and social.

I. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to the observation of radiologic images, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand.

---

<sup>1</sup> Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admission, approved by the AAMC Executive Council on January 18, 1979

Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

II. Communication: A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

III. Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should possess the abilities necessary to perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal exam, paracentesis, etc.), and read EKGs and x-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

IV. Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, *the* critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

V. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and education processes.